

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12053				12044			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Kent</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN			
TOWN <u>Chestertown</u>				TOWN <u>Rock Hall</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent & Queen Anne Hosp.</u>				STREET ADDRESS (If rural, give location) <u>in back of cannery</u>			
3. NAME OF DECEASED: (Type or Print)		(First) <u>George</u>		(Middle) <u>Rudolph</u>		(Last) <u>Barrett</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>20</u>		(Year) <u>1955</u>	
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>single</u>		8. DATE OF BIRTH: <u>Aug. 17, 1955</u>	
9. AGE last birthday:		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
yrs. <u>4</u>		Months <u>4</u>		Days <u>3</u>		Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>none</u>		11. BIRTHPLACE (State or foreign country): <u>Kent Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Copeland Barrett</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Cook</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u>		16. SOCIAL SECURITY No.: <u>no</u>		17. INFORMANT & ADDRESS: <u>Back of cannery Rock Hall, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Malnutrition</u> Interstitia Antecedent cause(s) (b) <u>Interstitia and acute lobular pneumonia</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Emaciation</u>						<u>unknown</u> <u>Malnutrition</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input checked="" type="checkbox"/>							
SIGNATURE <u>Robert W. Farr</u>		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED <u>12/23/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>12/24/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Janes Cem. (Col.)</u>		LOCATION (City, town, or county) (State) <u>Chestertown, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 26-55</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>J. Willis Wells</u>		ADDRESS <u>Chestertown, Md.</u>	

1085162406

RECEIVED

JEC 28 1955

BUREAU V. S.

12058

CERTIFICATE OF DEATH

Reg. Dist. No. 202...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>md.</u>		COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>		LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D. III</u>				STREET ADDRESS (If rural give location) <u>RFD III Box 67</u>			
3. NAME OF DECEASED: (First) <u>Susie</u> (Middle) <u>A</u> (Last) <u>Barrett</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>Dec. 15, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>Col</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>4/3/74</u>	
9. AGE last birthday <u>81</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY: <u>Housewife Domestic</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Jackson Graves</u>				14. MOTHER'S MAIDEN NAME: <u>Marta Kennard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>7</u> (If Yes, give year or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS: <u>Martha Becker, Pomona</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE <u>331X</u>				(A) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSE (S):				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) <u>arterio sclerosis</u>			
				DUE TO			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>✓</u>							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? <u>—</u>			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>4</u> M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>57</u> , to <u>Dec 13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 13</u> , 19 <u>55</u> , and that death occurred at <u>5:00</u> P.M., from the causes and on the date stated above.							
SIGNATURE <u>D. Kester</u>				ADDRESS <u>Rock Hall Md</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/18/55</u>		NAME OF CEMETERY OR CREMATORY <u>Pomona Cem.</u>		LOCATION (City, town, or county) (State) <u>Pomona Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Dec. 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>James D. Oshnell</u>		ADDRESS <u>Boston, Md.</u>	

MARGIN RESERVED FOR FINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. S. Kester

BUREAU V. S.

DEC 21 1955

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INSTRUCTIONS

I

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12046

12054 CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u> COUNTY <u>Kent</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Chestertown</u>		<u>11 Days</u>		TOWN <u>Chestertown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent & Queen Anne Co. Hosp.</u>				STREET ADDRESS (If rural give location) <u>Broad Neck (Rural)</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>S. Earl</u> <u>Black</u>				<u>12/20/1955</u> <u>19</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>male</u>	<u>colored</u>	<u>widowed</u>	<u>3/16/1884</u>	<u>71</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Laborer</u>		<u>janitor</u>		<u>Kent Co. Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Perry Black</u>				<u>Hanna Bowser</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>220-28-4489</u>		<u>Helen Black</u> <u>628 Baker St.</u> <u>Baltimore - 17 Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
1. IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
<u>331X Intracranial hemorrhage (Stroke)</u>						<u>10 days</u>	
2. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
		While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>12/9</u>, 19 <u>55</u>, to <u>12/19</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>12/19</u>, 19 <u>55</u>, and that death occurred at <u>4 AM</u>, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>Robert W. Farr,</u> M.D.				<u>Chestertown, Md.</u>		<u>12/20/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>12/23/1955</u>		<u>Broad Neck (col.) Cem.</u>		<u>near - Chestertown Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Dec. 21/1955</u>		<u>Clara S. Barnes</u>		<u>J. Willis Wells</u>		<u>CHESTER TOWN MD</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12055				12047			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Kent</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
TOWN <u>Chestertown</u>		<u>Several years</u>		TOWN <u>Chestertown</u>		<u>37</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>210 Lynchburg St.</u>				STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED: (First) <u>Alexander</u>		(Middle) <u>Cann</u>		(Last) <u>Cann</u>		4. DATE (Month) (Day) (Year) OF DEATH <u>Dec. 30, 1955</u>	
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Divorced</u>	8. DATE OF BIRTH: <u>1903</u>	9. AGE last birthday: <u>52</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Unknown Nicholas Cann</u>				14. MOTHER'S MAIDEN NAME: <u>Annie Grooms Don't know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>220-12-2148</u>		17. INFORMANT & ADDRESS: <u>Mattie Grooms 210 Lynchburg St. Chestertown, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Unknown, but probably from</u> DUE TO Antecedent cause(s) (b) <u>Coronary thrombosis</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)						12 hours	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Blair W. Jam</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <u>12/30/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Jan. 2, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Worton Point</u>		LOCATION (City, town, or county) (State) <u>Worton, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 2-1956</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>J. Willis Wells</u>		ADDRESS <u>Chestertown, Md.</u>	

RECEIVED

JAN 4 1956

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

CERTIFICATE OF DEATH

12059

12048

Reg. Dist. No. 203

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rock Hall</u>		<u>life</u>		TOWN <u>Rock Hall</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>in back of Cannery</u>				STREET ADDRESS <u>in back of Cannery</u> (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>James</u>		(Middle)		(Last) <u>Carter</u>		(Year) <u>19</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. ? 1881</u>	
9. AGE last birthday <u>74</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>various</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>don't know</u>		16. SOCIAL SECURITY NO. <u>213-246 2207</u>		17. INFORMANT & ADDRESS <u>Mary Oliver Carter Rock Hall, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) <u>hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral Hemorrhage</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1953</u> to <u>Dec 5, 1953</u> , that I last saw the deceased alive on <u>Dec 5, 1953</u> , and that death occurred at <u>10:30</u> M., from the causes and on the date stated above.							
SIGNATURE <u>E Kester</u>		E Kester M.D.		ADDRESS (Street, city, town, state) <u>Rock Hall, Md.</u>		DATE SIGNED <u>12/5/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 8 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Janes (Pomona) Cem.</u>		LOCATION (City, town, or county) (State) <u>Chestertown, Md.</u>	
24. REC'D BY REGISTRAR <u>Dec 9-1955</u>		REGISTRAR'S SIGNATURE <u>D. Shrover Burgess</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Willis Wells</u>		ADDRESS <u>Chestertown Maryland</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH - BALTIMORE

IN THE DISTRICT OF MARYLAND

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DEC 12 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12060 CERTIFICATE OF DEATH

12049

Reg. Dist. No. 200

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		MIDDLE <u>MARYLAND</u>		STATE <u>Maryland</u>		COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Millington #2</u>		<u>life</u>		TOWN <u>Millington</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Riley Neck</u>				<u>Riley Neck</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) (Middle) (Last)				(Month) (Day) (Year)			
<u>ALVERTA PORTER HALL</u>				<u>Dec. 10 19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>Col.</u>	<u>Widowed</u>	<u>Nov. 16, 1887</u>	<u>68</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Laborer</u>		<u>Cannery</u>		<u>Queen Anne Co. Maryland</u>		<u>U S A</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Eugene Groves</u>				<u>Mary Frances Lawrence</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>213-22-8683</u>		<u>Phillip Groves, Millington, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
422.2 IMMEDIATE CAUSE (A) <u>Pneumonia</u>						<u>5 days -</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>degeneration of the heart muscle -</u>						<u>Some months -</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>Dec. 8</u> , 19 <u>55</u> , to <u>Dec. 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec. 8</u> , 19 <u>55</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>George Korauskas</u>				DATE SIGNED <u>Millington Md. 12-11-55</u>			
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 14/55</u>		<u>Riley Neck Cemetery</u>		<u>Millington, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>12/14/55</u>		<u>Edward F. Hollows</u>		<u>Marvin V. Williams, Chestertown, Md.</u>			

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INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12056 CERTIFICATE OF DEATH

12050

Reg. Dist. No. 202

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Chestertown</u>				TOWN <u>Church Hill</u>		<u>17X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>on way to Kent and Queen Anne's hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>Mary</u> (First) <u>Emma</u> (Middle) <u>Hughes</u> (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>25</u> , 19 <u>55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 25, 1872</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dover, Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Samuel Richard Milbourne</u>				14. MOTHER'S MAIDEN NAME <u>Janie Peterson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Ethel Lane Oram, Church Hill, Md.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE (A) <u>Coronary thrombosis</u>				<u>25 minutes</u>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Coronary artery disease</u>				<u>15 years</u>			
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> el work Not while <input type="checkbox"/> el work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> el work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-25</u> , 19 <u>55</u> , to <u>12-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>55</u> , and that death occurred at <u>1:20</u> p.m. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Chestertown, Md.</u>		DATE SIGNED <u>12-25-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 28</u>		NAME OF CEMETERY OR CREMATORY <u>Chester</u>		LOCATION (City, town, or county) (State) <u>Chestertown, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
DATE <u>Dec 29 1955</u>		<u>[Signature]</u>		<u>Edgar L. Lane</u> Church Hill, Md.			

CERTIFICATE OF DEATH

FILE NO.

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. MANNER OF DEATH

9. PLACE OF DEATH

10. TIME OF DEATH

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF DECEASED

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF PHYSICIAN

15. SIGNATURE OF CLERGYMAN

16. SIGNATURE OF JUDGE

17. SIGNATURE OF SHERIFF

18. SIGNATURE OF CORONER

19. SIGNATURE OF JURY

20. SIGNATURE OF COURT

21. SIGNATURE OF STATE

22. SIGNATURE OF UNION

23. SIGNATURE OF COUNTRY

24. SIGNATURE OF WORLD

25. SIGNATURE OF UNIVERSE

26. SIGNATURE OF GOD

27. SIGNATURE OF DEVIL

28. SIGNATURE OF ANGELS

29. SIGNATURE OF DEMONS

30. SIGNATURE OF SPIRITS

31. SIGNATURE OF SOULS

32. SIGNATURE OF BODIES

33. SIGNATURE OF MINDS

34. SIGNATURE OF HEARTS

35. SIGNATURE OF LUNGS

36. SIGNATURE OF LIVERS

37. SIGNATURE OF STOMACHS

38. SIGNATURE OF INTESTINES

39. SIGNATURE OF BLADDER

40. SIGNATURE OF UTERUS

41. SIGNATURE OF VAGINA

42. SIGNATURE OF PENIS

43. SIGNATURE OF TESTES

44. SIGNATURE OF PROSTATE

45. SIGNATURE OF SEMEN

46. SIGNATURE OF URINE

47. SIGNATURE OF SWEAT

48. SIGNATURE OF TEARS

49. SIGNATURE OF SALIVA

50. SIGNATURE OF SPIT

51. SIGNATURE OF MUCUS

52. SIGNATURE OF PHLEGM

53. SIGNATURE OF SNOT

54. SIGNATURE OF BOOBY

55. SIGNATURE OF BUTT

56. SIGNATURE OF ASS

57. SIGNATURE OF VAGINA

58. SIGNATURE OF PENIS

BUREAU V. S.

JAN 2 1956

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RECEIVED



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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12051

12061

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Worton</u>		<u>30 yrs.</u>		TOWN <u>Worton</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Worton</u>				STREET ADDRESS <u>Worton</u> (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>ABBIEGAIL HURD</u>				<u>Dec. 22 19 55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 13, 1872</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Sussex Co. Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Coverdale</u>				14. MOTHER'S MAIDEN NAME <u>Mary Warren</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mrs. Roy D. Postle, Worton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) <u>Cerebral vascular accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic congestive heart failure</u>						6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While et work Not while et work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u>, 19<u>55</u>, to <u>Dec</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Dec 22</u>, 19<u>55</u>, and that death occurred at <u>6:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Florence Perry Jones, M.D.</u>		<u>Worton, Md.</u>		<u>12/23/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>Dec. 26/55</u>	<u>Union Cemetery</u>		<u>Worton, Md.</u>			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>12-28-55</u>		<u>Clara S. Barnes</u>		<u>Marvin V. Williams, Chestertown, Md.</u>			

1301

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

Form No. 10-35

1. DECEASED'S NAME (Last, first, middle)

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF BIRTH

7. PLACE OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF JUDGE

16. SIGNATURE OF CLERK

17. SIGNATURE OF SHERIFF

18. SIGNATURE OF DEPUTY SHERIFF

19. SIGNATURE OF CONSTABLE

20. SIGNATURE OF JAILER

21. SIGNATURE OF PRISONER

22. SIGNATURE OF GUARD

23. SIGNATURE OF WARDEN

24. SIGNATURE OF CHIEF CLERK

25. SIGNATURE OF DEPUTY CHIEF CLERK

26. SIGNATURE OF RECORDS CLERK

27. SIGNATURE OF FILE CLERK

28. SIGNATURE OF INDEX CLERK

29. SIGNATURE OF STENOGRAPHER

30. SIGNATURE OF TYPESETTER

31. SIGNATURE OF COMPOSITOR

32. SIGNATURE OF PRESSMAN

33. SIGNATURE OF BINDER

34. SIGNATURE OF CIRCULATOR

35. SIGNATURE OF DELIVERY CLERK

36. SIGNATURE OF MAIL CLERK

37. SIGNATURE OF TELEPHONE CLERK

38. SIGNATURE OF NIGHT CLERK

39. SIGNATURE OF PORTER

40. SIGNATURE OF JANITOR

41. SIGNATURE OF CLEANER

42. SIGNATURE OF PAINTER

43. SIGNATURE OF CARPENTER

44. SIGNATURE OF ELECTRICIAN

45. SIGNATURE OF PLUMBER

46. SIGNATURE OF ROOFER

47. SIGNATURE OF TILER

48. SIGNATURE OF PAINTER

49. SIGNATURE OF CARPENTER

50. SIGNATURE OF ELECTRICIAN

51. SIGNATURE OF PLUMBER

52. SIGNATURE OF ROOFER

53. SIGNATURE OF TILER

54. SIGNATURE OF PAINTER

55. SIGNATURE OF CARPENTER

56. SIGNATURE OF ELECTRICIAN

57. SIGNATURE OF PLUMBER

58. SIGNATURE OF ROOFER

59. SIGNATURE OF TILER

60. SIGNATURE OF PAINTER

61. SIGNATURE OF CARPENTER

62. SIGNATURE OF ELECTRICIAN

63. SIGNATURE OF PLUMBER

64. SIGNATURE OF ROOFER

65. SIGNATURE OF TILER

66. SIGNATURE OF PAINTER

67. SIGNATURE OF CARPENTER

68. SIGNATURE OF ELECTRICIAN

69. SIGNATURE OF PLUMBER

70. SIGNATURE OF ROOFER

71. SIGNATURE OF TILER

72. SIGNATURE OF PAINTER

73. SIGNATURE OF CARPENTER

74. SIGNATURE OF ELECTRICIAN

75. SIGNATURE OF PLUMBER

76. SIGNATURE OF ROOFER

77. SIGNATURE OF TILER

78. SIGNATURE OF PAINTER

79. SIGNATURE OF CARPENTER

80. SIGNATURE OF ELECTRICIAN

81. SIGNATURE OF PLUMBER

82. SIGNATURE OF ROOFER

83. SIGNATURE OF TILER

84. SIGNATURE OF PAINTER

85. SIGNATURE OF CARPENTER

86. SIGNATURE OF ELECTRICIAN

87. SIGNATURE OF PLUMBER

88. SIGNATURE OF ROOFER

89. SIGNATURE OF TILER

90. SIGNATURE OF PAINTER

91. SIGNATURE OF CARPENTER

92. SIGNATURE OF ELECTRICIAN

93. SIGNATURE OF PLUMBER

94. SIGNATURE OF ROOFER

95. SIGNATURE OF TILER

96. SIGNATURE OF PAINTER

97. SIGNATURE OF CARPENTER

98. SIGNATURE OF ELECTRICIAN

99. SIGNATURE OF PLUMBER

100. SIGNATURE OF ROOFER

101. SIGNATURE OF TILER

102. SIGNATURE OF PAINTER

103. SIGNATURE OF CARPENTER

104. SIGNATURE OF ELECTRICIAN

105. SIGNATURE OF PLUMBER

106. SIGNATURE OF ROOFER

107. SIGNATURE OF TILER

108. SIGNATURE OF PAINTER

109. SIGNATURE OF CARPENTER

110. SIGNATURE OF ELECTRICIAN

111. SIGNATURE OF PLUMBER

112. SIGNATURE OF ROOFER

113. SIGNATURE OF TILER

114. SIGNATURE OF PAINTER

115. SIGNATURE OF CARPENTER

116. SIGNATURE OF ELECTRICIAN

117. SIGNATURE OF PLUMBER

118. SIGNATURE OF ROOFER

119. SIGNATURE OF TILER

120. SIGNATURE OF PAINTER

121. SIGNATURE OF CARPENTER

122. SIGNATURE OF ELECTRICIAN

123. SIGNATURE OF PLUMBER

124. SIGNATURE OF ROOFER

125. SIGNATURE OF TILER

126. SIGNATURE OF PAINTER

127. SIGNATURE OF CARPENTER

128. SIGNATURE OF ELECTRICIAN

129. SIGNATURE OF PLUMBER

130. SIGNATURE OF ROOFER

131. SIGNATURE OF TILER

132. SIGNATURE OF PAINTER

133. SIGNATURE OF CARPENTER

134. SIGNATURE OF ELECTRICIAN

135. SIGNATURE OF PLUMBER

136. SIGNATURE OF ROOFER

137. SIGNATURE OF TILER

138. SIGNATURE OF PAINTER

139. SIGNATURE OF CARPENTER

140. SIGNATURE OF ELECTRICIAN

141. SIGNATURE OF PLUMBER

142. SIGNATURE OF ROOFER

143. SIGNATURE OF TILER

144. SIGNATURE OF PAINTER

145. SIGNATURE OF CARPENTER

146. SIGNATURE OF ELECTRICIAN

147. SIGNATURE OF PLUMBER

148. SIGNATURE OF ROOFER

149. SIGNATURE OF TILER

150. SIGNATURE OF PAINTER

151. SIGNATURE OF CARPENTER

152. SIGNATURE OF ELECTRICIAN

153. SIGNATURE OF PLUMBER

154. SIGNATURE OF ROOFER

155. SIGNATURE OF TILER

156. SIGNATURE OF PAINTER

157. SIGNATURE OF CARPENTER

158. SIGNATURE OF ELECTRICIAN

159. SIGNATURE OF PLUMBER

160. SIGNATURE OF ROOFER

161. SIGNATURE OF TILER

162. SIGNATURE OF PAINTER

163. SIGNATURE OF CARPENTER

164. SIGNATURE OF ELECTRICIAN

165. SIGNATURE OF PLUMBER

166. SIGNATURE OF ROOFER

167. SIGNATURE OF TILER

168. SIGNATURE OF PAINTER

169. SIGNATURE OF CARPENTER

170. SIGNATURE OF ELECTRICIAN

171. SIGNATURE OF PLUMBER

172. SIGNATURE OF ROOFER

173. SIGNATURE OF TILER

174. SIGNATURE OF PAINTER

175. SIGNATURE OF CARPENTER

176. SIGNATURE OF ELECTRICIAN

177. SIGNATURE OF PLUMBER

178. SIGNATURE OF ROOFER

179. SIGNATURE OF TILER

180. SIGNATURE OF PAINTER

181. SIGNATURE OF CARPENTER

182. SIGNATURE OF ELECTRICIAN

183. SIGNATURE OF PLUMBER

184. SIGNATURE OF ROOFER

185. SIGNATURE OF TILER

186. SIGNATURE OF PAINTER

187. SIGNATURE OF CARPENTER

188. SIGNATURE OF ELECTRICIAN

189. SIGNATURE OF PLUMBER

190. SIGNATURE OF ROOFER

191. SIGNATURE OF TILER

192. SIGNATURE OF PAINTER

193. SIGNATURE OF CARPENTER

194. SIGNATURE OF ELECTRICIAN

195. SIGNATURE OF PLUMBER

196. SIGNATURE OF ROOFER

197. SIGNATURE OF TILER

198. SIGNATURE OF PAINTER

199. SIGNATURE OF CARPENTER

200. SIGNATURE OF ELECTRICIAN

201. SIGNATURE OF PLUMBER

202. SIGNATURE OF ROOFER

203. SIGNATURE OF TILER

204. SIGNATURE OF PAINTER

205. SIGNATURE OF CARPENTER

206. SIGNATURE OF ELECTRICIAN

207. SIGNATURE OF PLUMBER

208. SIGNATURE OF ROOFER

209. SIGNATURE OF TILER

210. SIGNATURE OF PAINTER

211. SIGNATURE OF CARPENTER

212. SIGNATURE OF ELECTRICIAN

213. SIGNATURE OF PLUMBER

214. SIGNATURE OF ROOFER

215. SIGNATURE OF TILER

216. SIGNATURE OF PAINTER

217. SIGNATURE OF CARPENTER

218. SIGNATURE OF ELECTRICIAN

219. SIGNATURE OF PLUMBER

220. SIGNATURE OF ROOFER

221. SIGNATURE OF TILER

222. SIGNATURE OF PAINTER

223. SIGNATURE OF CARPENTER

224. SIGNATURE OF ELECTRICIAN

225. SIGNATURE OF PLUMBER

226. SIGNATURE OF ROOFER

227. SIGNATURE OF TILER

228. SIGNATURE OF PAINTER

229. SIGNATURE OF CARPENTER

230. SIGNATURE OF ELECTRICIAN

231. SIGNATURE OF PLUMBER

232. SIGNATURE OF ROOFER

233. SIGNATURE OF TILER

234. SIGNATURE OF PAINTER

235. SIGNATURE OF CARPENTER

236. SIGNATURE OF ELECTRICIAN

237. SIGNATURE OF PLUMBER

238. SIGNATURE OF ROOFER

239. SIGNATURE OF TILER

240. SIGNATURE OF PAINTER

241. SIGNATURE OF CARPENTER

242. SIGNATURE OF ELECTRICIAN

243. SIGNATURE OF PLUMBER

244. SIGNATURE OF ROOFER

245. SIGNATURE OF TILER

246. SIGNATURE OF PAINTER

247. SIGNATURE OF CARPENTER

248. SIGNATURE OF ELECTRICIAN

249. SIGNATURE OF PLUMBER

250. SIGNATURE OF ROOFER

251. SIGNATURE OF TILER

252. SIGNATURE OF PAINTER

253. SIGNATURE OF CARPENTER

254. SIGNATURE OF ELECTRICIAN

255. SIGNATURE OF PLUMBER

256. SIGNATURE OF ROOFER

257. SIGNATURE OF TILER

258. SIGNATURE OF PAINTER

259. SIGNATURE OF CARPENTER

260. SIGNATURE OF ELECTRICIAN

261. SIGNATURE OF PLUMBER

262. SIGNATURE OF ROOFER

263. SIGNATURE OF TILER

264. SIGNATURE OF PAINTER

265. SIGNATURE OF CARPENTER

266. SIGNATURE OF ELECTRICIAN

267. SIGNATURE OF PLUMBER

268. SIGNATURE OF ROOFER

269. SIGNATURE OF TILER

270. SIGNATURE OF PAINTER

271. SIGNATURE OF CARPENTER

272. SIGNATURE OF ELECTRICIAN

273. SIGNATURE OF PLUMBER

274. SIGNATURE OF ROOFER

275. SIGNATURE OF TILER

276. SIGNATURE OF PAINTER

277. SIGNATURE OF CARPENTER

278. SIGNATURE OF ELECTRIC

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12052

12062 CERTIFICATE OF DEATH

Reg. Dist. No. 200

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 70M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		STATE <u>Maryland</u>		COUNTY <u>Kent</u>			
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Galena</u>				TOWN <u>Galena</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Galena</u>				<u>Galena</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>BLANCHE D. JARMAN</u>				<u>Dec. 15 19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>Widowed</u>	<u>Oct. 8, 1877</u>	<u>75</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retrad)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>housewife</u>		<u>home</u>		<u>Galena, Kent Co. Md.</u>		<u>u s a</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Henry Gray</u>				<u>Elizabeth Deputy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>none</u>		<u>Mrs. James Ryan Galena, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Uremia</u>						<u>3 mos</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Nephrosclerosis</u>						<u>2 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertensive Cardio-Renal Disease</u>						<u>years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u>, 19<u>52</u>, to <u>Dec 15</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Dec 15</u>, 19<u>55</u>, and that death occurred at <u>9:15</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Wallace Oberstein M.D.</u>				ADDRESS (Street, city, town, state) <u>Cecilton, Md.</u>			
DATE <u>12/19/55</u>				DATE SIGNED <u>Dec 16 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Dec. 18/55</u>		<u>Galena Cemetery</u>		<u>Galena, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>12/19/55</u>		<u>Elizabeth J. Mulford</u>		<u>Marvin V. Williams</u>		<u>Chestertown, Md.</u>	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12063 CERTIFICATE OF DEATH

12053

Reg. Dist. No. 203

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Kent		STATE Maryland		COUNTY Kent			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Rock Hall		Life		TOWN Rock Hall			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Blanch (Middle) D. (Last) Judefind				(Month) Dec. (Day) 25 (Year) 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Fem.	White	Single	July 13-1908	47 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Joseph B. Judefind				Ella Coleman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				Mrs. Mary C. Watkins--Rock Hall, Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
170X IMMEDIATE CAUSE (A) Carcinoma of breast c				INTERVAL BETWEEN ONSET AND DEATH 5 years			
ANTECEDENT CAUSE(S) DUE TO (B) metastases to lung							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
1955-1-1		Carcinoma of breast		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1952 to Dec 25 1955 , that I last saw the deceased alive on Dec 23 1955 , and that death occurred at 11 PM , from the causes and on the date stated above.							
SIGNATURE Willard F. Smith M.D.				ADDRESS (Street, city, town, state) Rock Hall, Md		DATE SIGNED 12/27/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Dec. 28		Wesley Chapel		Rock Hall, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE Dec 28/55		S. Elwood Burgess		Edgar L. Lane		Church Hill, Md.	

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Home
 1000 Hill
 Baltimore, Md.
 Date of Death
 1952

2. SEX
 Male
 3. AGE
 65

4. OCCUPATION
 Retired
 5. CAUSE OF DEATH
 Heart Disease

6. DATE OF DEATH	7. TIME OF DEATH	8. PLACE OF DEATH	9. SEX	10. AGE	11. OCCUPATION	12. CAUSE OF DEATH
Jan 2 1952	10:00 AM	1000 Hill	Male	65	Retired	Heart Disease

13. SIGNATURE OF DECEASED	14. SIGNATURE OF WITNESS	15. SIGNATURE OF PHYSICIAN	16. SIGNATURE OF CLERK

BUREAU V. S.

JAN 2 1952

RECEIVED

17. NAME OF CLERK
 18. NAME OF PHYSICIAN
 19. NAME OF CLERK

NOTICE: This certificate is to be filled out by the physician or other qualified person who has attended the deceased. It is to be filed in the office of the Registrar of the State Department of Health, Baltimore, Maryland. The certificate is to be filled out in duplicate. One copy is to be retained in the office of the Registrar and the other copy is to be sent to the local health officer. The certificate is to be filled out in duplicate. One copy is to be retained in the office of the Registrar and the other copy is to be sent to the local health officer.

12064 CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Kent</i>	MARYLAND	STATE <i>Md.</i>	COUNTY <i>Kent</i>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Rock Hall</i>	<i>all Life</i>	TOWN <i>Rock Hall</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<i>Walter Stephen Kirby</i>		<i>Dec. 1 1955</i>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>Male</i>	<i>White</i>	<i>married</i>	<i>Feb. 8 - 1877</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<i>Watchman</i>		<i>Amusement Park</i>	<i>Kent Co. Md.</i>
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
<i>Stephen Kirby</i>		<i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
<i>No</i>			
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
<i>Joseph Kirby Chestertown Md.</i>		1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
		<i>163X IMMEDIATE CAUSE (A) Carcinoma of lung</i>	
		INTERVAL BETWEEN ONSET AND DEATH	
		<i>2 years</i>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Pulmonary fibrosis + emphysema</i>		<i>years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 52</i> , to <i>Dec 1 55</i> , that I last saw the deceased alive on <i>Nov. 30, 1955</i> , and that death occurred at <i>8:30 AM</i> , from the causes and on the date stated above.			
SIGNATURE <i>Willard Smith</i>		DATE SIGNED <i>12/2/55</i>	
M.D.		ADDRESS (Street, city, town, state) <i>Rock Hall, Md.</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>Chester Cemetery</i>	
DATE THEREOF <i>12/3/55</i>		LOCATION (City, town, or county) <i>Chestertown Md.</i>	
24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE	
<i>S. Elwood Burgess</i>		<i>Edgar L. Lane</i>	
DATE <i>12/2/55</i>		ADDRESS <i>Church Hill Md.</i>	

INSTRUCTIONS

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2. **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

100-1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

CERTIFICATE OF DEATH

DATE OF DEATH

USUAL RESIDENCE (HOUSE OR BOARDING)

PLACE OF DEATH

DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

EDUCATION

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SHORT-CUTS

THIS IS A SUMMARY OF THE INFORMATION CONTAINED IN THE ABOVE REPORT. IT IS NOT A SUBSTITUTE FOR THE ORIGINAL REPORT. IT IS THE PROPERTY OF THE BUREAU OF VITAL STATISTICS AND RECORDS, MARYLAND. IT IS LOANED TO YOU FOR YOUR INFORMATION ONLY. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED OUTSIDE YOUR AGENCY. IT IS TO BE RETURNED TO THE BUREAU OF VITAL STATISTICS AND RECORDS, MARYLAND, WHEN YOU ARE THROUGH WITH IT.

BUREAU V. S.

DEC 7 1955

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12055

12065 **CERTIFICATE OF DEATH**

Reg. Dist. No. 503

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		STATE <u>Maryland</u>		COUNTY <u>Kent</u>			
CITY OR TOWN <u>Rock Hall</u>		LENGTH OF STAY (In this place) <u>10 Yrs.</u>		CITY OR TOWN <u>Rock Hall</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Piney Neck</u>				STREET ADDRESS <u>Piney Neck</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last) <u>CHARLES ANDREW LINDGREN</u>				<u>Dec. 24</u> 19 <u>55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1891</u>	9. AGE last birthday <u>64</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if railroad) <u>Elect. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>		11. BIRTHPLACE (State or foreign country) <u>New York City, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Carl Lindgren</u>				14. MOTHER'S MAIDEN NAME <u>Sophie Blum</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>097-05-2161</u>		17. INFORMANT & ADDRESS <u>Mrs. Annie C. Lindgren, Rock Hall Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertension Cardiovascular</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>Dec 24</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 2</u> , 19 <u>55</u> , to <u>Dec 24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>55</u> , and that death occurred at <u>2:20</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Marvun V. Williams</u>				DATE SIGNED <u>12-26-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 26, 55</u>		NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Cemetery</u>		LOCATION (City, town, or county) (State) <u>Rock Hall, Maryland</u>	
24. REC'D BY REGISTRAR <u>Dec 26/55</u>		REGISTRAR'S SIGNATURE <u>J. Howard Binger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvun V. Williams</u>		ADDRESS <u>Chestertown, Md.</u>	

15005 CERTIFICATE OF DEATH

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Department, at Baltimore, Maryland, this 1st day of January, 1906.

NAME
AGE
SEX
RACE
BIRTH
DEATH
CAUSE
MANNER

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

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IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Department, at Baltimore, Maryland, this 1st day of January, 1906.

Handwritten signature and text

BUREAU V. S.

JAN 2 1906

RECEIVED

Handwritten text

Handwritten text

RECEIVED
JAN 2 1906
BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12066

CERTIFICATE OF DEATH

12056

Reg. Dist. No. 203

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rock Hall</u>		LENGTH OF STAY (in this place) <u>5yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rock Hall</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Ida May Meigs</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1955</u>			
5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 19-1877</u>		9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frederick Holch</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth West</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. Robert Meigs--Rock Hall, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
350x IMMEDIATE CAUSE (A) <u>Parkinsons disease</u>						<u>20 years</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1952</u>, to <u>Dec. 27, 1955</u>, that I last saw the deceased alive on <u>Dec. 27, 1955</u>, and that death occurred at <u>10:30 PM</u>, from the causes and on the date stated above.							
SIGNATURE <u>O. Keater</u>				ADDRESS (Street, city, town, state) <u>Rock Hall</u>		DATE SIGNED <u>12/29/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Dec. 30</u>		NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>		LOCATION (City, town, or county) (State) <u>Rock Hall, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>A. Elwood Burgess</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>		ADDRESS <u>Church Hill, Md.</u>	

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JAN 2 1958

BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

Form with multiple sections for death certificate data, including fields for name, date, cause of death, and location. The form is partially filled out with handwritten text.

Vertical text on the right margin, likely a filing or processing stamp, containing the words "NOT RECORDED" and "NOT INDEXED".

12067

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>St Kent</u> MARYLAND		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wilmington</u>		STATE <u>Del</u> COUNTY <u>St Kent</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wilmington</u>	
CITY OR TOWN <u>Wilmington</u>		LENGTH OF STAY (in this place) <u>all day</u>		OR TOWN <u>Wilmington</u>		STREET ADDRESS (If rural give location) <u>Wilmington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>							
3. NAME OF DECEASED: (First) (Middle) (Last) <u>MYRTLE Lorraine RASIN</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>12/25/1955</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>E</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>8/8/03</u>	9. AGE last birthday <u>52</u> yrs.	IF UNDER 1 YEAR: Months <u>4</u> Days <u>20</u>		IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Chief</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u></u>		11. BIRTHPLACE (State or foreign country): <u></u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME: <u>Wm Rasin</u>				14. MOTHER'S MAIDEN NAME: <u>Myrtle Hines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY No. <u></u>		17. INFORMANT & ADDRESS: <u>Wm Rasin, Wilmington Del</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Qute dysentery & dehydration</u>							
ANTECEDENT CAUSE (S) (B) <u>chronic renal failure</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>clay fever</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <u></u>		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? <u></u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u></u> M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1955</u> , to <u>Dec 28, 1955</u> , that I last saw the deceased alive on <u>Dec 27, 1955</u> , and that death occurred at <u>430 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>C. W. W. W. W.</u>		M. D. <u>Wilmington Del</u>		DATE SIGNED <u>12/25/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec. 31/1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Pleasant</u>		LOCATION (City, town, or county) (State) <u>Pondano Md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>12/30/55</u>		REGISTRAR'S SIGNATURE <u>Edward Fellows</u>		24. FUNERAL DIRECTOR <u>Edward Fellows</u>		ADDRESS <u>Wilmington Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12068
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 201

12058
Reg. Dist.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Kent</u>		MARYLAND		STATE <u>Pa.</u>		COUNTY <u>Philadelphia</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR TOWN	
TOWN <u>Highway-Turner Creek cross road</u>				TOWN <u>Philadelphia</u>		<u>75X-38</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>near Chestertown, Md.</u>				STREET ADDRESS (If rural, give location) <u>Pa. Institute home for Blind</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
(Type or Print) <u>Mary</u>		<u>E.</u> <u>Rebok</u>		<u>Dec.</u> <u>22</u>		<u>19 55</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>April 1, 1887</u>	<u>68</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>blind music</u>		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME: <u>William A. Rebok</u>				14. MOTHER'S MAIDEN NAME: <u>Rozanna Zinn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Family Records</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Multiple, severe injuries</u> DUE TO <u>numerous bi-lateral fractured ribs, comminuted fracture of lumbar spine, fractured pelvis, multiple fractures of both legs.</u> Antecedent cause(s) (b) <u>both legs.</u> Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)						<u>Instantaneously</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: <u>none</u>		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY <u>highway</u>		21c. (City or town) (County) <u>14</u>		(State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12.22.55 6:15 PM</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile accident</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Robert W. Farr</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		DATE SIGNED <u>12/23/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>Dec. 26/55</u>		NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>		LOCATION (City, town, or county) (State) <u>West Pensbar Township Pa.</u>	
DATE REC'D BY LOCAL REG. <u>12/24/55</u>		REGISTRAR'S SIGNATURE <u>E. Kennard Jones</u>		24. FUNERAL DIRECTOR <u>Harvin V. Williams, Chestertown, Md.</u>			

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DEC 28 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12057

CERTIFICATE OF DEATH

Reg. Dist. No. 2020

12059

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY <u>Kent</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Queen Anne</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Chestown</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Centreville</u> 17X-2				
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent & Queen Anne Hosp</u>				STREET ADDRESS (If rural give location)				
3. NAME OF DECEASED: (First) <u>Dolena</u> (Middle) <u>Rhyane</u> (Last) <u>Rhyane</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>12</u> <u>24</u> <u>1955</u>				
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>1/21/51</u>	9. AGE last birthday <u>4</u> yrs. <u>11</u> Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min.	IF UNDER 1 YEAR			IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>—</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>—</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME: <u>Preston Rhyane</u>				
14. MOTHER'S MAIDEN NAME: <u>Joyce Scott</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): <u>—</u>				
16. SOCIAL SECURITY NO. <u>—</u>				17. INFORMANT & ADDRESS: <u>Mrs Joyce Rhyane</u>				
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
IMMEDIATE CAUSE (A) <u>Aspirin + Aspiration - 8 Hoek</u>							<u>45 min</u>	
ANTECEDENT CAUSE (B) <u>Pneumonia</u>							<u>3 wks.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Possible Endocarditis</u>								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Mar Kef Anemia</u>								
19A. DATE OF OPERATION: <u>2</u>				19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>12/24</u> , 19 <u>55</u> , to <u>12/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/24</u> , 19 <u>55</u> , and that death occurred at <u>9:45</u> P.M., from the causes and on the date stated above.								
SIGNATURE <u>Thomas J. Dolon</u>				ADDRESS <u>Chestown Md.</u> DATE SIGNED <u>12/28/55</u>				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12/28/55</u>		NAME OF CEMETERY OR CREMATORY <u>Scott Low Cem.</u>		LOCATION (City, town, or county) (State) <u>Wye Mills Md.</u>		
DATE REC'D BY LOCAL REGISTRAR <u>Dec. 28-55</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>James Blackhill Barton, Md.</u>		ADDRESS		

BUREAU V. S.

DEC 30 1955

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